

SERFF Tracking Number: META-126210383 State: Arkansas  
Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 42814  
Company Tracking Number: DENIED CLAIMS REPORT - TC  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Individual LTCI  
Project Name/Number: Denied Claims - TC/Denied Claims - TC

## Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Individual LTCI

SERFF Tr Num: META-126210383 State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Filed

State Tr Num: 42814

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: DENIED CLAIMS  
REPORT - TC

State Status: Closed

Filing Type: Form

Reviewer(s): Harris Shearer

Author:

Disposition Date: 08/05/2009

Date Submitted: 06/30/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Denied Claims - TC

Project Number: Denied Claims - TC

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/05/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/05/2009

Created By: Mary Rinaldi

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Rinaldi

Filing Description:

June 30, 2009

Dear Commissioner:

Re: Metropolitan Life Insurance Company as Administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

SERFF Tracking Number: META-126210383 State: Arkansas  
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• Denied Claims

Respectfully,

Loren Balletto  
Sr. Product Consultant

Enclosure(s)

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com  
MKTG/AD  
Green Farms Road 203-221-3859 [Phone]  
Westport, CT 06880

### Filing Company Information

TIAA-CREF Life Insurance Company CoCode: 60142 State of Domicile: New York  
730 Third Avenue Group Code: Company Type:  
New York, NY 10017 Group Name: State ID Number:  
(212) 578-2944 ext. 2944[Phone] FEIN Number: 13-3917848

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

*SERFF Tracking Number:*      *META-126210383*                      *State:*                      *Arkansas*  
*Filing Company:*              *TIAA-CREF Life Insurance Company*              *State Tracking Number:*      *42814*  
*Company Tracking Number:*      *DENIED CLAIMS REPORT - TC*  
*TOI:*                      *LTC06 Long Term Care - Other*              *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Individual LTCI*  
*Project Name/Number:*      *Denied Claims - TC/Denied Claims - TC*  
*Per Company:*              *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TIAA-CREF Life Insurance Company	\$0.00	06/30/2009	

<i>SERFF Tracking Number:</i>	<i>META-126210383</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TIAA-CREF Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42814</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT - TC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims - TC/Denied Claims - TC</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Harris Shearer	08/05/2009	08/05/2009

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Disposition of this filing	Note To Reviewer	Mary Rinaldi	07/29/2009	07/29/2009

<i>SERFF Tracking Number:</i>	<i>META-126210383</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TIAA-CREF Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42814</i>
<i>Company Tracking Number:</i>	<i>DENIED CLAIMS REPORT - TC</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>Individual LTCI</i>		
<i>Project Name/Number:</i>	<i>Denied Claims - TC/Denied Claims - TC</i>		

## Disposition

Disposition Date: 08/05/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-126210383</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TIAA-CREF Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42814</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	report		Yes
<b>Supporting Document</b>	cover letter		Yes

*SERFF Tracking Number:*      *META-126210383*      *State:*      *Arkansas*  
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*Project Name/Number:*      *Denied Claims - TC/Denied Claims - TC*

**Note To Reviewer**

**Created By:**

Mary Rinaldi on 07/29/2009 12:48 PM

**Last Edited By:**

Harris Shearer

**Submitted On:**

08/05/2009 03:48 PM

**Subject:**

Disposition of this filing

**Comments:**

I see that your status indicates 'pending fees'. It is my understanding we are not required to submit fees for compliance reports. In the past, we have never submitted fees. If this is a requirement, please provide the regulation.

If I am correct, can you please let me know when we may expect a response on this submission.

Sincerely,

Mary J. Rinaldi

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	NA for this submission.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	NA for this submission.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	NA for this submission.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	NA for this submission.		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	report		
<b>Comments:</b>			
<b>Attachment:</b>			
AR TIAA CLAIMS DENIAL REPORTING FORMS.pdf			

<i>SERFF Tracking Number:</i>	<i>META-126210383</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Denied Claims - TC/Denied Claims - TC</i>		

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** cover letter

**Comments:**

**Attachment:**

AR TIAA LETTER.pdf

**CLAIMS DENIAL REPORTING FORMS  
LONG-TERM CARE INSURANCE**

**FOR THE STATE OF ARKANSAS  
FOR THE REPORTING YEAR OF 2008  
Due 2009**

**Company Name:** Metropolitan Life Insurance Company as **Due:** June 30 annually  
Administrator for TIAA-CREF Life Insurance Company

**Company Address:** 57 Green Farms Road, Westport, CT 06880 **Phone Number:** (203) 221-6546  
P.O. Box 937, Westport, CT 06881-9909  
(for mailing only)

**Company NAIC**

**Number:** 60142

**Contact Person:** Loren Balletto

**Line of Business:** Individual / Group

**Instructions:**

*The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies.*

Indicate the manner of reporting by checking one of the boxes below:

- ☐ Per Claimant - counts each individual who makes one or a series of claim requests  
☒ Per Transaction - counts each claim request

"Denied" means a claim that is not paid for any reason other than for failure to meet the waiting period or because of an applicable preexisting condition. It does not include claims that are duplicate submissions and were paid as a prior claim.

		STATE DATA	NATIONWIDE DATA <sup>1</sup>
1.	Total Number of Long-Term Care Claim Reported	0	684
2.	Total Number of Long-Term Care Claims Denied/Not Paid	0	54
3.	Number of Claims Not paid due to Preexisting Condition Exclusion	0	0
4.	Number of Claims Not Paid due to Waiting <i>(Elimination)</i> Period not met	0	27
5.	Net Number of Long-Term Care Claims Denied for Reporting	0	27

	purposes ( <i>Line 2, Minus Line 3, Minus Line 4</i> )		
6.	Percentage of Long-Term Case Claim Denied of Those Reported ( <i>Line 5 divided by Line 1</i> )	0%	3.95%
7.	Number Long-Term Care Claims Denied due to:	0	
8.	• Long-term Care Services Not Covered under the Policy <sup>2</sup>	0	14
9.	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	11
10.	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	1
11.	• Other <sup>5</sup>	0	1

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example – home health care claim filed under a nursing home only policy.
3. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
5. Examples – Maximum lifetime benefit reached, services paid under another insurance.

Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 937, Westport, CT 06881-0937



June 30, 2009

The Honorable Jay Bradford  
Arkansas Department of Insurance  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Dear Commissioner Bradford:

Re: Metropolitan Life Insurance Company as Administrator for TIAA-CREF Life Insurance Company

In accordance with state long-term care insurance requirements, we are providing the attached reports for calendar year 2008:

- Denied Claims

Respectfully,

A handwritten signature in black ink, appearing to read "Loren Balletto". The signature is fluid and cursive, with the first name "Loren" and last name "Balletto" clearly distinguishable.

Loren Balletto  
Sr. Product Consultant

Enclosure(s)